

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

<b>SUBMISSION ID:</b>	945522	<b>STATUS:</b>	Original
<b>FACILITY:</b>	Dovetail Energy LLC - Anaerobic Digestion Facility	<b>PERMIT NUMBER:</b>	1IN00305*AD
<b>LOCATION:</b>	1156 Herr Rd Fairborn, OH 45324	<b>STATION CODE:</b>	581
<b>COUNTY:</b>	Greene	<b>MONITORING PERIOD :</b>	2020-04-01 To: 2020-04-30
<b>DISTRICT:</b>	SWDO	<b>REPORTING LAB:</b>	Masi
		<b>ANALYST:</b>	Cheryl Rex
		<b>NO DISCHARGE INDICATOR:</b>	

PARAMETER	Biochemical Oxygen Demand, 5 Day	pH	Oil and Grease, Hexane Extr Method	Ammonia (NH3) In Sludge	Nitrogen Kjeldahl, Total In Sludge	Phosphorus, Total In Sludge	Potassium In Sludge
PARAMETER CODE	00310	00400	00552	00611	00627	00668	00938
UNITS	mg/l	S.U.	mg/l	mg/kg	mg/kg	mg/kg	mg/kg
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Composite	Composite	Composite	Composite	Composite	Composite	Composite
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08	12000	7.66	2171.20	47900	89000	27300	10700
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum	12000.0	7.66	2171.2	47900.0	89000.0	27300.0	10700.0
Maximum	12000.0	7.66	2171.2	47900.0	89000.0	27300.0	10700.0
Average	12000		2171.2	47900	89000	27300	10700
Count	1	1	1	1	1	1	1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-04-29 12:04	

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<b>FACILITY:</b>	Dovetail Energy LLC - Anaerobic	<b>PERMIT NUMBER:</b>	<b>1IN00305*AD</b>
<b>LOCATION:</b>	Digestion Facility	<b>STATION CODE:</b>	581
	1156 Herr Rd	<b>MONITORING PERIOD :</b>	<b>2020-04-01 To: 2020-04-30</b>
	Fairborn, OH 45324	<b>REPORTING LAB:</b>	Masi
<b>COUNTY:</b>	Greene	<b>ANALYST:</b>	Cheryl Rex
<b>DISTRICT:</b>	SWDO	<b>NO DISCHARGE INDICATOR:</b>	

PARAMETER	Arsenic, Total In Sludge	Cadmium, Total In Sludge	Copper, Total In Sludge	Lead, Total In Sludge	Nickel, Total In Sludge	Zinc, Total In Sludge	Selenium, Total In Sludge
PARAMETER CODE	01003	01028	01043	01052	01068	01093	01148
UNITS	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Composite	Composite	Composite	Composite	Composite	Composite	Composite
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08	2	.80	152	5	14	342	5
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum	2.0	0.8	152.0	5.0	14.0	342.0	5.0
Maximum	2.0	0.8	152.0	5.0	14.0	342.0	5.0
Average	2	0.8	152	5	14	342	5
Count	1	1	1	1	1	1	1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-04-29 12:04	

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<b>LOCATION:</b>	Digestion Facility	<b>STATION CODE:</b>	581
	1156 Herr Rd	<b>MONITORING PERIOD :</b>	<b>2020-04-01 To: 2020-04-30</b>
	Fairborn, OH 45324	<b>REPORTING LAB:</b>	Masi
<b>COUNTY:</b>	Greene	<b>ANALYST:</b>	Cheryl Rex
<b>DISTRICT:</b>	SWDO	<b>NO DISCHARGE INDICATOR:</b>	

PARAMETER	Fecal Coliform in Sludge	Sludge Fee Weight	Sludge Weight	Sludge Solids, Percent Total	Mercury, Total In Sludge	Molybdenum In Sludge	
PARAMETER CODE	31641	51129	70316	70318	71921	78465	
UNITS	MPN/G	dry tons	Dry Tons	%	mg/kg	mg/kg	
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Composite	Total	Total	Composite	Composite	Composite	
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08	31177.97	213.81	213.81	7.37	.08	5	
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum	31177.97	213.81	213.81	7.37	0.08	5.0	
Maximum	31177.97	213.81	213.81	7.37	0.08	5.0	
Average	31177.97	213.81	213.81	7.37	0.08	5	
Count	1	1	1	1	1	1	
Name of Responsible Official or Authorized Representative		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
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<b>FACILITY:</b>	Dovetail Energy LLC - Anaerobic	<b>PERMIT NUMBER:</b>	1IN00305*AD
<b>LOCATION:</b>	Digestion Facility	<b>STATION CODE:</b>	584
	1156 Herr Rd	<b>MONITORING PERIOD :</b>	2020-04-01 To: 2020-04-30
	Fairborn, OH 45324	<b>REPORTING LAB:</b>	
<b>COUNTY:</b>	Greene	<b>ANALYST:</b>	
<b>DISTRICT:</b>	SWDO	<b>NO DISCHARGE INDICATOR:</b>	AL

PARAMETER	Biochemical Oxygen Demand, 5 Day	pH	Oil and Grease, Hexane Extr Method	Ammonia (NH3) In Sludge	Nitrogen Kjeldahl, Total In Sludge	Phosphorus, Total In Sludge	Potassium In Sludge
PARAMETER CODE	00310	00400	00552	00611	00627	00668	00938
UNITS	mg/l	S.U.	mg/l	mg/kg	mg/kg	mg/kg	mg/kg
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Composite	Composite	Composite	Composite	Composite	Composite	Composite
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08							
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum							
Maximum							
Average							
Count							
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Jeff Williamson						Certification Version Date  2020-04-  29 12:04	



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	Fairborn, OH 45324	<b>REPORTING LAB:</b>	
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<b>DISTRICT:</b>	SWDO	<b>NO DISCHARGE INDICATOR:</b>	AL

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PARAMETER CODE	01003	01028	01043	01052	01068	01093	01148
UNITS	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Composite	Composite	Composite	Composite	Composite	Composite	Composite
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08							
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum							
Maximum							
Average							
Count							

<b>Name of Responsible Official or Authorized Representative</b>  <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>  <div style="height: 40px;"></div>	<b>Submission Date/Time</b>  <div style="text-align: center;"> <b>Certification Version Date</b>            2020-04-29 12:04         </div>
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<b>COUNTY:</b>	Greene	<b>ANALYST:</b>	
<b>DISTRICT:</b>	SWDO	<b>NO DISCHARGE INDICATOR:</b>	AL

PARAMETER	Fecal Coliform in Sludge	Sludge Fee Weight	Sludge Weight	Mercury, Total In Sludge	Molybdenum In Sludge		
PARAMETER CODE	31641	51129	70316	71921	78465		
UNITS	MPN/G	dry tons	Dry Tons	mg/kg	mg/kg		
FREQUENCY	1/Month	1/Month	1/Month	1/Month	1/Month		
SAMPLING TYPE	Multiple Grab	Total	Total	Composite	Composite		
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08							
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
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2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum							
Maximum							
Average							
Count							

<b>Name of Responsible Official or Authorized Representative</b>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>	<b>Submission Date/Time</b>
Jeff Williamson			<b>Certification Version Date</b>  2020-04-  29 12:04

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**FACILITY:**

**LOCATION:**

Dovetail Energy LLC - Anaerobic  
Digestion Facility  
1156 Herr Rd  
Fairborn, OH 45324

**PERMIT NUMBER:**

**MONITORING PERIOD :**

1IN00305\*AD

2020-04-01 To: 2020-04-30

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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